



AMERICAN HOME PRODUCTS CORPORATION
FIVE GIRALDA FARMS, MADISON, NEW JERSEY 07940

TO: Federal Election Commission

DATE: July 21, 1995

RE: Statement of Organization

Attached is an amended Statement of Organization (SO) dated July 21, 1995. I have completed this SO because during the year I was asked to provide a copy to someone, and I was surprised to find out that the most recent one on file was from 1979. Since the Treasurer of our PAC was not available, I asked the Assistant Treasurer, John R. Considine to sign the amended SO.

If you have any questions, I may be reached at (201) 660-6492. Please note that I will not be in the office the week of July 24th.

Attachment

CAMILLE LEGGETT

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL AHP Good Government Fund		<input type="checkbox"/> (Check if name is changed)	2. DATE 7/21/95
(c) Number and Street Address Five Giraldia Farms		<input type="checkbox"/> (Check if address is changed)	3. REGISTRATION NUMBER 12471800015303
(d) City, State and ZIP Code Madison, New Jersey 07940		4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

5. TYPE OF COMMITTEE (Check one)

- ☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- ☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District
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- ☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- ☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (e) This committee is a separate segregated fund.
- ☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

☐ Corporation ☐ Corporation with Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
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8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer)

Full Name	Mailing Address	Title or Position
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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Chemical Bank	405 Lexington Avenue New York, New York 10174

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER John R. Considine Assistant Treasurer	SIGNATURE OF TREASURER 	DATE 7/21/95
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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7/24/95

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Received from the House Office of Records
and Registration

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Records

DATE OF RECEIPT

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Other (Specify):

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and/or DATE OF RECEIPT

D.A.O.

PREPARER

7/28/95

DATE PREPARED